

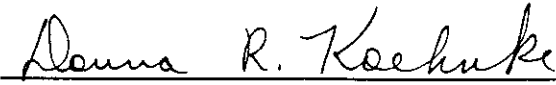
# UNITED STATES INTERNATIONAL TRADE COMMISSION

## SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

| Subject  | Reference Information  |
|--|------------------------|
| <i>Stainless Steel Butt-weld Pipe Fittings from Korea: Investigation No. 731-TA-563 (Review)</i> | Control No. INV-99-654 |

| Individual Responses<br>(A = Adequate, I = Inadequate) | Bragg                      | Miller                     | Crawford                   | Hillman                    | Koplan                     | Askey                      | Commis-<br>sion            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Domestic (U.S. Producers)</b>                       |                            |                            |                            |                            |                            |                            |                            |
| Alloy Piping Products, Inc.                            | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Flowline Division of Markovitz Enterprises, Inc.       | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Gerlin, Inc.   | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Taylor Forge Stainless, Inc.                           | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Group Responses<br>(A = Adequate, I = Inadequate)      | Bragg                      | Miller                     | Crawford                   | Hillman                    | Koplan                     | Askey                      | Commis-<br>sion            |
| DOMESTIC   | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| RESPONDENT   | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I |

| Expedited or Full Review               | Bragg                                 | Miller                                | Crawford                              | Hillman                               | Koplan                                | Askey                                 | Commis-<br>sion                       |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| EXPEDITED: DOMESTIC GROUP INADEQUATE   | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              |
| EXPEDITED: RESPONDENT GROUP INADEQUATE | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X |
| FULL                                   | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              |

| SECRETARY'S CERTIFICATION OF COMMISSION ACTION   |  |  |  |  |  |      |         |
|--|--|--|--|--|--|------|---------|
| <br>Secretary |  |  |  |  |  | Date |         |
|  |  |  |  |  |  |      | 10/1/99 |